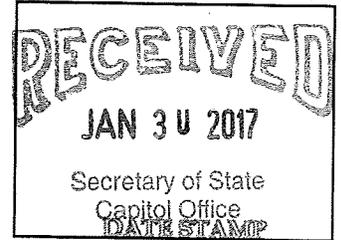




REPORT OF RECEIPTS AND DISBURSEMENTS  
2016 Annual Report



Name of Candidate LARRY BYRD  
 Address 17 BYRD RD., PETAL, MS County FORREST  
 Telephone 601-544-1877 Fax \_\_\_\_\_  
 Office Sought HOUSE DIST 104 Email Address LBYRD@HOUSE.MS.GOV

Check here if above is different from previous report

\_\_\_\_ January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....**Mandatory**  
*All candidates, excluding judicial candidates on the November 2016 General Election ballot.*

\_\_\_\_ **Termination Report** (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.) **Required to terminate reporting obligations**

- IMPORTANT**
- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
  - (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
  - (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS				
	Itemized + Non-itemized =		This Period	Calendar Year-To-Date
Total amount of contributions	\$ 6050. <sup>00</sup>	+\$ 1,700. <sup>00</sup>	\$ 7,750. <sup>00</sup>	\$ 7,750. <sup>00</sup>
Total amount of disbursements	\$ 250. <sup>00</sup>	+\$ 1,969. <sup>80</sup>	\$ 2,219. <sup>80</sup>	\$ 2,219. <sup>80</sup>
Total amount of cash on hand			\$ 16,008. <sup>06</sup>	

*I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.*

*Larry Byrd*  
Signature of Candidate

1-30-17  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.  
 Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:**
1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
  2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
  3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee LARRY BYRD

Reporting period 1-1-16 through 12-31-16

# ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>ADVANCE AMERICA</u>		<u>9</u> / <u>14</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>135 N. CHURCH ST.</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>SPARTANBURG, SC 29306</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ _____
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>MISS ASSN OF REALTORS</u>		<u>10</u> / <u>19</u> / <u>16</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. BOX 32100</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>FLOWOOD, MS 39232-1000</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ _____
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>J.M. HUGES GROUP LLC</u>		<u>11</u> / <u>14</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>147 HIGHLAND CIRCLE</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39211</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ _____
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____			
Full name <u>WASTE MANAGEMENT</u>		<u>10</u> / <u>12</u> / <u>16</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. BOX 3027</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>HOUSTON, TX 77253</u>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)		Aggregate year-to-date	\$ _____

Name of Candidate or Committee LARRY BYRO  
 Reporting period 1-1-16 through 12-31-16

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>MISS BANK PAC</u>	<u>12</u> / <u>13</u> / <u>16</u>	\$ <u>250.</u>
Mailing Address <u>P.O. BOX 1091</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>JACKSON, MS 39215-1091</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>CAREMARK RX INC</u>	<u>12</u> / <u>16</u> / <u>16</u>	\$ <u>500.</u>
Mailing Address <u>P.O. BOX 287</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>MS DENTAL PAC</u>	<u>12</u> / <u>17</u> / <u>16</u>	\$ <u>500.</u>
Mailing Address <u>439 B KATHERINE DR.</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>FLOWOOD, MS 39232-9781</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>		
Other (please specify) _____		
Full name <u>MONSANTO CO.</u>	<u>8</u> / <u>16</u> / <u>16</u>	\$ <u>250.</u>
Mailing Address <u>800 N. LINDBERGH</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
City, State, Zip Code <u>CRUE COEUR, MD 63167</u>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Name of Employer (Required)	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ _____

Name of Candidate or Committee LARRY BYRDReporting period 1-1-16 through 1-31-16

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>NORFOLK SOUTHERN RAILROAD</u>	<u>8</u> / <u>18</u> / <u>16</u>	\$ <u>250.<sup>00</sup></u>
Mailing Address <u>770 WASHINGTON AVE</u>	□/□/□	\$ _____
City, State, Zip Code <u>MONTGOMERY AL 36104</u>	□/□/□	\$ _____
Name of Employer (Required)	□/□/□	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>250.<sup>00</sup></u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS ROAD BUILDERS ASSN</u>	<u>9</u> / <u>20</u> / <u>16</u>	\$ <u>250.<sup>00</sup></u>
Mailing Address <u>601 GEORGE ST.</u>	□/□/□	\$ _____
City, State, Zip Code <u>JACKSON, MS 39465</u>	□/□/□	\$ _____
Name of Employer (Required)	□/□/□	\$ <u>250.<sup>00</sup></u>
Occupation (Required)	Aggregate year-to-date	\$ _____
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ADAMS REESE L.L.P.</u>	<u>10</u> / <u>20</u> / <u>16</u>	\$ <u>300.<sup>00</sup></u>
Mailing Address <u>4500 ONE SHELL SQUARE</u>	□/□/□	\$ _____
City, State, Zip Code <u>NEW ORLEANS, LA 70139</u>	□/□/□	\$ _____
Name of Employer (Required)	□/□/□	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>300.<sup>00</sup></u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>PENNACLE ENTERTAINMENT</u>	<u>12</u> / <u>8</u> / <u>16</u>	\$ <u>1,000.<sup>00</sup></u>
Mailing Address <u>3200 N AMERISTAR DR</u>	□/□/□	\$ _____
City, State, Zip Code <u>KANSAS CITY, MO 64161</u>	□/□/□	\$ _____
Name of Employer (Required)	□/□/□	\$ _____
Occupation (Required)	Aggregate year-to-date	\$ <u>1,000.<sup>00</sup></u>

Name of Candidate or Committee LARRY BYRD

Reporting period 1-1-16 through 12-31-16

# ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE-PAC MS AGENTS &amp; EMPLOYERS PAC</u>	<u>12 / 14 / 16</u>	\$ <u>500.<sup>00</sup></u>
Mailing Address <u>P.O. BOX 2663</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>TUSCALOOSA AL 35403</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.<sup>00</sup></u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JONES WALKER L.L.P.</u>	<u>11 / 9 / 16</u>	\$ <u>250.<sup>00</sup></u>
Mailing Address <u>SUITE 800 190 E CAPITAL ST</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>JACKSON MS 39201</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.<sup>00</sup></u>
C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CABLE PAC MCTA</u>	<u>12 / 12 / 16</u>	\$ <u>250.<sup>00</sup></u>
Mailing Address <u>P.O. BOX 55867</u>	□ / □ / □	\$ _____
City, State, Zip Code <u>JACKSON MS 39296</u>	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.<sup>00</sup></u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	□ / □ / □	\$ _____
Mailing Address _____	□ / □ / □	\$ _____
City, State, Zip Code _____	□ / □ / □	\$ _____
Name of Employer (Required) _____	□ / □ / □	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____

Name of Candidate or Committee \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

# ITEMIZED DISBURSEMENTS

<b>A. Full name</b>		
PETAL ATHLETICS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 115 HWY 42 E.	8 / 1 / 16	\$ 250.00
City, State, Zip Code PETAL, MS 39465	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 250.00
<b>B. Full name</b>		
	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<b>C. Full name</b>		
	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<b>D. Full name</b>		
	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<b>E. Full name</b>		
	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
<b>F. Full name</b>		
	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$